

TOWNSHIP OF MILLSTONE

Attn: Vital Statistics, 470 Stage Coach Road, Millstone Township, NJ 08510

Application for a Certified Copy of a Vital Record

A Certified Copy of a vital record is issued to those individuals who have a direct link to the individual(s) named on the vital record event, provided that the requestor is able to identify the vital record. A Certified Copy will contain the raised seal of the Township of Millstone and can be used for legal or identification purposes.

Please print or type. All items are required unless noted otherwise.* Proof of identity is required.

Make check or money order payable to "Township of Millstone". Do not mail cash.

Name of Applicant		Relationship to Person On Record (Proof is required)	Reason for Request <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> School/Sports <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Other Social Security Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare <input type="checkbox"/> Welfare <input type="checkbox"/> Other (Specify)	
Street Address				
City	State	Zip Code		Telephone Number
Signature of Applicant		Date of Application		
Birth	Full Name of Child at Time of Birth		Number of Copies Requested	
	Place of Birth (City, Town or Township)		County	
	Exact Date of Birth		Name of Hospital (Optional)	
	Full Name of Child's Parent A		Full Name of Child's Parent B (if on record)	
	If Child's Name Was Changed, Indicate New Name and How It Was Changed			
Marriage	Full Name of Spouse A/Partner A (List name on birth certificate)		Date of Birth	Number of Copies Requested
Civil Union	Full Name of Spouse B/Partner B (List name on birth certificate)		Date of Birth	Exact Date of Event
Domestic Partnership	Place of Event (City, Town or Township)		County	
(Circle One)	Spouse A/Partner A - Mother's Full Maiden Name & Father's Name		Spouse B/Partner B - Mother's Full Maiden Name & Father's Name	
Death	Name of Deceased		Number of Copies	
	Exact Date of Death		Social Security Number	
	Place of Event (City, Town or Township)		County	
	Full Name of Deceased Individual's Parent A		Full Name of Deceased Individual's Parent B	

FOR TOWNSHIP USE ONLY

Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check _____ <input type="checkbox"/> Waived	Payment Amount: \$ _____	ID Viewed:	Processed By:
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PLEASE NOTE: ID is required to obtain vital records. Acceptable forms of ID are:

- A valid photo driver's or non-driver's license with your current address.

OR

- Two (2) alternate forms of ID, one of which must have your current address

Alternate forms of ID are:

- Vehicle registration
- Vehicle insurance card
- US/Foreign Passport
- Voter registration
- Permanent Resident card/Immigrant visa
- Federal/State ID
- County ID
- School ID
- W-2 for current/previous tax year
- Utility bill/bank statement (within the last 90 days)

You must show proof of relationship when requesting a vital record. For example, if applying for your parent's death certificate, you must show valid ID, along with your birth certificate showing your parent on the record. If your ID shows a married name that will not match your birth record, we must also see your marriage certificate. Please call us for any clarifications needed on how to show proof of relationship.

Mail request to:

Township of Millstone
Attn: Vital Statistics
470 Stage Coach Road
Millstone Township, NJ 08510

Fee:

\$20.00 1st copy; \$5.00 per additional copies

The request must be accompanied by the following:

Fee - \$20.00 1st copy; \$5.00 per additional copies

Check or Money Order – Do Not Send Cash in Mail

Copy of ID

Self-addressed stamped envelope